## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I have declare:



that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the Invention entitled: AN IN-LINE EARLY REFLECTION ENHANCEMENT SYSTEM FOR ENHANCING ACOUSTICS

the specification of which [check one(s) applicable]	-1 <i>/4/1</i> 77777777777777777777777777777777777	VWVV DCTAI700/000	10
X was filed 23 April 1999 as PCT Internation and was amended by Amendment filed	al/MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(if applicable); [or	
is attached to this Declaration, Power of Attorney and	d Power to Inspect;	(ii applicable), [oi	1,
that I have reviewed and understand the conten amendment referred to above; and		cation, including the clain	ns, as amended by any
that I acknowledge my duty to disclose informa Rule 56(a) [37CFR§1.56(a)].	ation which is material to the exa	amination of this application	on in accordance with
CLAIM UNDER 35 U.S.C. §119: I hereby claim foreig inventor's certificate listed below and have also identified date before that of the application of which provides claims of the application of which provides claims.	d below any foreign application t	for patent or inventor's cert	
Prior Foreign Application(s)	Filing Date	Priority (	Claimed
Application No. Country	Day-Mo-Year	Yes -	
330268 New Zealand	23 - 04 - 98	Yes	
POWER OF ATTORNEY: As inventor, I hereby appagents with full power of substitution to prosecute this apparerewith: Vincent T. Pace, Reg. No. 31,049 and Hen	lication and to transact all busine	ss in the Patent and Trader	
POWER TO INSPECT: I hereby give DANN, DORI	opies of the papers on file relating		elphia, PA or its duly
SEND CORRESPONDENCE TO: CUSTOMER NU	MBER 000110		
DIRECT INQUIRIES TO: Vincent T. Pace	Telephone 215-563-41	00	
	Facsimile 215-563-404		
Thereby declare that all statements made herein of my over believed to be true; and further that these statements were punishable by fine or imprisonment, or both, under Section may jeopardize the validity of the application or any paterns.	e made with the knowledge that on 1001 of Title 18 of the United S	willful false statements an	d the like so made are
SOLE OR FIRST JOINT INVENTOR	SECOND JO	DINT INVENTOR (if any	<b>y</b> )
Full Name_MARKPOLETTI_	Full Name		
First Middle Last	Fi	rst Middle	Last
Signature Mad lille.	Signature		
Date 11 /12 /00	Date		
Residence Wellington NEW ZEALAN	D Residence		
City State or Country		City State or Country	
Citizenship NEW ZEALAND	Citizenship		
Post Office Address:	Post Office Address	<b>::</b>	
Flat 20, 20 Invercargill Drive			
Volcen Wellinston NEW ZEAL AND			·
Kelson, Wellington NEW ZEALAND City State or Country Zip	Code City	State or Country	Zip Code